

Section of Laryngology

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Sir JAMES DUNDAS-GRANT said that the cautery was useful in the case of nodules found at the junction of the anterior and middle thirds of the cord. He had a case supporting this view, that of a woman with a large family who had to use her voice a good deal. In the present case there was paresis of internal tensors, and vocal treatment should be given.

Mr. LAWSON WHALE said he agreed that there was paresis of the internal tensors in this case.

Mr. CARRUTHERS (in reply) said that this patient had not been kept absolutely silent, but for seven months she had not spoken above a whisper. In spite of this treatment the local condition had spread and she was very hoarse. Perhaps absolute silence would produce improvement. The patient worked in a dusty atmosphere in a factory where there was machinery and it was necessary for her to strain her voice in order to make herself heard.

Basal-celled Carcinoma of Larynx: Recurrence after Five and a Half Years.

By WALTER HOWARTH, F.R.C.S.

MRS. D., aged 58.

Operation: On June, 1921, the whole of the left ventricular band and the left vocal cord along with the anterior third of the right cord were removed. The case was fully reported in the *Journal of Laryngology*, June, 1922.

At the present time there is a small recurrence of the growth on the left side anteriorly.

Discussion.—Mr. LIONEL COLLEDGE said that before the operation the growth had extended to the opposite side of the larynx; therefore, if this was a genuine recurrence, he thought the whole front of the larynx on both sides—possibly even the entire larynx—would have to be removed. If the patient opposed an extensive operation, radium would be worth a trial, as this form of growth genuinely responded to its use.

Sir JAMES DUNDAS-GRANT said that if the patient were not opposed to operation, a portion of the growth might be removed for microscopical examination. But in view of opposition, it might be better not to take a piece away, as the procedure might conceivably stir up the trouble. Basal-celled carcinoma responded favourably to radium treatment.

Mr. HOWARTH (in reply) said that the patient was only opposed to an extensive operation which might involve loss of voice. He proposed to examine her in hospital by the direct method, and to remove a portion of the growth so as to ascertain whether it was a true recurrence or not. He thought more than laryngo-fissure would be necessary, because of the extent of the primary growth, even though it was a very slow-growing type of cancer, practically a rodent ulcer. If the patient would consent to operation he would expose the tumour and imbed radium in it, or carry out a limited excision.

Two Cases of Chronic Hyperplasia of Superior Maxilla.

By WALTER HOWARTH, F.R.C.S.

Case I.—PATIENT, female, married, has noticed for the past four or five years a gradual swelling of the right upper jaw, quite painless in character.

The diagnosis rests on the long history, the minor character of the pain and the resultant deformity, together with the normal condition of the mucous membrane and absence of inflammatory phenomena, especially tenderness on pressure.

Macroscopic and microscopic appearances of a piece of bone removed show the typical structure associated with this condition, which was first described by Mr. Westmacott. X-ray examination shows areas of hyperplasia in the basisphenoid and also in the vault of the skull.